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**LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP**  
600 South Avenue West  
Westfield, New Jersey 07090  
Telephone: (908) 654-5000  
Facsimile: (908) 654-7866

**FACSIMILE TRANSMITTAL**

	<b>TO:</b>	<b>FROM:</b>
<b>NAME:</b>	Examiner S. Choi	Michael J. Doherty, Esq.
<b>FIRM/COMPANY:</b>	USPTO	LDLK&M
<b>FAX NO.:</b>	1 703 305-3579	(908) 654-7866
<b>PHONE:</b>		(908) 654-5000
<b>DATE:</b>	March 26, 2001	<b>CLIENT NO.:</b> Spring
<b># PAGES (TOTAL):</b>	11	<b>MATTER NO.:</b> 134

**Message:**

Please deliver the attached Amendment to Examiner S. Choi as soon as possible.

Thank you.

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MAR 27 2001

**GROUP 3700**

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EXPEDITED PROCEDURE  
EXAMINING GROUP  
SPRINGS 3.0-024 DIV II

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of  
Kutchmarek et al. :  
Application No. 09/245,596 : Group Art Unit: 3724  
Filed: February 5, 1999 : Examiner: S. Choi  
For: CUTTING APPARATUS FOR WINDOW : Date: March 26, 2001  
COVERINGS AND METHOD THEREFOR :  
X

BOX AF  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in response to a final rejection in the above-identified application.

- ☒ This submission is being filed under 37 C.F.R. §1.116.
- ☐ This is a first submission under 37 C.F.R. §1.129 and does not introduce new matter into the disclosure. Please enter the amendment and withdraw the finality.
- ☐ This is a second submission under 37 C.F.R. §1.129 and does not introduce new matter into the disclosure. A first submission and fee were submitted on . Please enter the amendment and withdraw the finality.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PAID FOR	(5) NUMBER OF EXTRA CLAIMS	(6) RATE	(7) ADDL. FEE
TOTAL CLAIMS * 34	MINUS ** 37		= 0		x \$ 18 = \$	0
INDEP. CLAIMS * 1	MINUS *** 3		= 0		x \$ 80 = \$	0
FEE FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S)					\$270 = \$	0
FEE FOR ENTRY OF SUBMISSION AFTER FINAL REJECTION UNDER 37 CFR § 1.129(a)					\$710 = \$	0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	0

- \* If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.
- \*\* If the "highest number paid for" in this space is less than 20, write "20" in this space.
- \*\*\* If the "highest number paid for" in this space is less than 3, write "3" in this space.

1. ☒ No additional fee is required.
2. ☒ Charge \$0.00 or any additional fees or credit overpayment to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.

LERNER, DAVID, LITTENBERG,  
KRUMHOLZ & MENTLIK, LLP

*Michael J. Doherty*  
MICHAEL J. DOHERTY  
Attorney of Record Reg. No. 40,592

600 South Avenue West  
Westfield, NJ 07090-1497  
Telephone: (908) 654-5000  
Facsimile: (908) 654-7866  
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